

## NEWSLETTER

SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS
SOUTH DAKOTA DEPARTMENT OF THE MILITARY



## CONGRATULATIONS TO VVA CHAPTER 1054

The idea of veterans helping veterans has been the focus of Northeast South Dakota Vietnam Veterans Chapter 1054 since the charter was delivered by National VVA President John Rowan in 2011.

Their efforts were recognized on a national level in November, when Chapter 1054 was named the Chapter of the Year for 2021 at the National Vietnam Veterans of America Convention in Greensboro, North Carolina. The chapter, home based in Watertown, is currently the 12<sup>th</sup> largest chapter out of 650 active chapters in the United States. Chapter 1054 has over 500 veteran members and over 70 associate members.

The award focused on commitment to the goals and purposes of VVA, service to chapter members, success in recruitment and retention of members, service to the community, and notable accomplishments.

Chapter 1054's area of purview encompasses nine counties in South Dakota and stretches into the border communities in Minnesota.

Some of the Chapter's accomplishments include: providing over \$27,000 to veterans in need, providing \$1,000 to the Salvation Army in addition to "ringing the bells" for a day, distributing over 7,500 flags on Flag Day, honoring fallen veterans on Memorial Day by placing flags near their headstones, providing Honor Guards and Color Guards at veteran funerals, providing funds towards the South Dakota Veterans Cemetery, conducting a flag ceremony honoring the healthcare workers at Prairie Lakes Hospital, and providing scholarships to exemplary ROTC students.

Chapter 1054 was also recently recognized by the South Dakota Hall of Fame with an Act of Excellence Award.

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# VA ADVANCES ELECTRONIC HEALTH RECORD MODERNIZATION PROGRAM

The United States Department of Veterans Affairs announced its updated plan to move forward with its systemwide Electronic Health Record Modernization program.

The plan will mitigate challenges documented in the Comprehensive Lessons Learned report submitted to Congress after this year's strategic review of the EHRM program.

"We will do everything we can to get electronic health records right for veterans and our health care staff, with patient safety being the key driver and nonnegotiable," said VA Deputy Secretary Donald M. Remy. "I have incorporated the lessons learned that I received during my recent meetings with our team at Mann-Grandstaff VA Medical Center in Spokane, Washington, into this new way forward. Under my direction, the VA is refining EHR governance and management structures to establish additional rigor and oversight. The VA, in coordination with our partners, the Department of Defense and EHR vendor, Cerner, will continue to update and refine the EHR implementation process to ensure it delivers the excellence veterans expect and deserve from the VA."

The VA has developed a revised schedule for how it will roll out the EHR system across the department to early fiscal year 2024. The VA leveraged lessons learned at their initial operating capability sites and incorporated feedback from facility end-users, Veterans Integrated Support Network leadership, and Veterans Health Administration program offices. Pre-deployment activities are underway in VISNs 10 and 20 while preparing for future fiscal year site deployments in VISNs 12 and 23. VISN 12 includes the joint VA-DOD site in North Chicago, where coordination activities have begun. Future deployments, adjustments, and/or modifications to the schedule will be made based on any additional clinical and technical findings and will continuously consider the effects of the ongoing COVID-19 pandemic.

The new EHR management structure will be streamlined and supported by a revised program and change management approach that incorporates best practices in communication, risk management, business process, system development lifecycle management, and customer experience. Among the critical changes in the management of the EHR program is the establishment of:

- A Program Executive Director (PED) for EHR Integration
- A significantly strengthened Office of the Functional Champion (OFC)
- A Deputy Chief Information Officer (DCIO) for EHR.

The PED, a new position, will report directly to the VA Deputy Secretary and be responsible for cross organizational and cross functional coordination of communication and implementation strategies, to include functional, technical, and program management. The PED will have operational control over the offices of Functional Champion, Technical Integration, and Program Management, all dedicated to the success of the EHR effort. The VA Secretary has selected Terry Adirim, M.D., M.P.H., M.B.A., to be the PED. Dr. Adirim is the Principal Deputy Assistant Secretary of Defense and is currently serving as the Acting Assistant Secretary of Defense for Health Affairs.

(continued)

# VA ADVANCES ELECTRONIC MODERNIZATION PROGRAM

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The strengthened OFC is a significant structural change for this new approach and will significantly increase VHA's engagement and expand the functional champion role and its associated team. OFC will ensure appropriate clinical involvement that will include having a principal role in processing and resolving patient safety concerns. Additionally, OFC will help bridge any divides among IT, the EHR vendor, and the care delivery teams to ensure the needs of the practicing clinicians and support staff are met.

The DCIO, a new position, will assume all technology integration functions for the program and ensure close bidirectional communication with technical staff at local sites.

The strategic review also identified a need for greater clarity of responsibilities and empowerment of a governance structure that was better able to receive stakeholder input and ensure timely decision making. As a result, the VA has prioritized resolving these issues and is establishing a new EHR Integration Council. The council, chaired by the PED, will ensure decisions are fully coordinated and timely while addressing the need for an operational decision layer at the enterprise level.

For more information about the EHRM effort, see VA's <u>Electronic Health Record Comprehensive Lessons</u> <u>Learned</u> update.

## MILITARY HERITAGE ALLIANCE TO ADD MUSEUM TO ITS FOOTPRINT

The South Dakota Military Heritage Alliance in Sioux Falls, is expanding its operations to include a military museum. This expansion comes with the purchase of the former AAA building along Russell Street.

The purchase was made through a matching gift, but work won't start on the museum until sufficient funds are raised for the restoration. The Alliance has architects and museum experts on board to get the project moving.

The goal is to have more than just a museum of artifacts. The vision is to have interaction and sharing of stories.

The Alliance will kick off a capital campaign in 2022 with hopes to have the museum open in 2023.

# TRICARE PHARMACY COPAYMENTS TO INCREASE

Do you get your prescription drugs through <u>TRICARE Pharmacy Home Delivery</u> or at a <u>TRICARE retail network pharmacy</u>? If so, you'll pay anywhere from \$1 to \$8 more in copayments starting January 1, 2022.

"Congress and the Department of Defense worked together on these cost changes as part of the National Defense Authorization Act for Fiscal Year 2018," said U.S. Public Health Service Commander Teisha Robertson, a pharmacist with the Defense Health Agency's Pharmacy Operations Division. "The changes are part of a larger effort to help fund improvements in military readiness and modernize the TRICARE health care benefit."

These costs changes won't affect all beneficiaries. If you're an active duty service member (ADSM), you'll still pay nothing for your covered drugs at <u>military pharmacies</u>, <u>retail network pharmacies</u>, and through <u>home delivery</u>. Copayments for survivors of ADSMs will remain the same. Medically retired service members and their family members also won't see a change in their copayments next year.

As described in the <u>TRICARE Pharmacy Program Overview</u>, TRICARE groups prescription drugs based on the medical and cost effectiveness of a drug compared to other drugs of the same type. The cheapest, most widely available category is <u>generic formulary drugs</u>. This is followed by <u>brand-name formulary drugs</u> and <u>non-formulary drugs</u>. You'll see cost increases in all three of these categories. The new cost will depend on the type of pharmacy.

Here are the new copayment changes.

#### TRICARE Pharmacy Home Delivery (Up to a 90-day supply)

- Generic formulary drugs will increase from \$10 to \$12
- Brand-name formulary drugs will increase from \$29 to \$34
- Non-formulary drugs will increase from \$60 to \$68

#### TRICARE retail network pharmacies (Up to a 30-day supply)

- Generic formulary drugs will increase from \$13 to \$14
- Brand-name formulary drugs will increase from \$33 to \$38
- Non-formulary drugs will increase from \$60 to \$68

It's important to note that you may only fill some brand-name maintenance drugs twice at retail network pharmacies. These are drugs that you take for long-term conditions. After the second refill, you must use home delivery or a military pharmacy. This doesn't apply when you fill short-term use drugs at retail network pharmacies.

#### Non-network pharmacies (Up to a 30-day supply)

Non-network pharmacy costs remain the same if you use a <u>TRICARE Prime</u> plan. With a TRICARE Prime plan, you'll pay a 50% cost-share after you meet your point-of-service deductible for covered drugs. For all other health plans, <u>non-network pharmacy</u> costs are as follows:

- Generic formulary drugs and brand-name formulary drugs will cost \$38 (up from \$33) or 20% of the total cost, whichever is more, after you meet your annual deductible
- Non-formulary drugs will cost \$68 (up from \$60) or 20% of the total cost, whichever is more, after you meet your annual deductible.

Have more questions about your TRICARE pharmacy benefit? Go to TRICARE Pharmacy to learn more.

# VA AND INDIAN HEALTH SERVICE TO BROADEN SCOPE TO SERVE AMERICAN INDIAN VETERANS

The United States Department of Veterans Affairs and the <u>Indian Health Service</u> renewed a <u>partnership</u>, Oct. 1, to help the country's nearly 145,000 American Indian and Alaska Native Veterans overcome health care access barriers.

The partnership, originally established in 2003, facilitates health care access and improves patient experience, information technology, resource sharing and will now open the door for these agencies to develop an operational plan to achieve four goals and objectives agreed upon with Tribal stakeholders.

The four mutual goals of this partnership are to:

- Increase access and improve quality of health care and services for the benefit of eligible AI/AN patients served by VHA and IHS.
- Facilitate enrollment and seamless navigation for eligible AI/AN Veterans in VHA and IHS health care systems.
- Facilitate the integration of electronic health records and other Health Information Technology systems that affect the health care of AI/AN Veterans.
- Improve access for patient populations through resource sharing, including technology, providers, training, human resources, services, facilities, communication, and reimbursement.
  - The VA has made major strides for AI/AN Veterans to provide the care they need, including:
- The establishment of reimbursement agreements enabling VHA to reimburse IHS for care that AI/AN Veterans receive at IHS and Tribal Health Program facilities. Since its inception in fiscal year 2012 through the end of FY 2021, nearly \$149 million has been provided from VHA to IHS and THPs for the care of nearly 14,000 VA-enrolled AI/AN Veterans.
- The agreement to extend VA Consolidated Mail Outpatient Pharmacy services to VA-enrolled AI/AN
  Veterans who receive care at IHS clinics. Since its inception in FY 2010 through the end of FY 2021,
  nearly 6.8 million prescriptions have been processed for VA-IHS Veterans.
- The launch of several successful programs to serve AI/AN Veterans. The Rural Native Veteran Health
  Care Navigator Program will be a project under this new agreement. Through this program, Health
  Care Patient Navigators help AI/AN Veterans overcome health care access barriers by coordinating
  care across VA, VHA, IHS, federally recognized tribes, local communities and other state and federal
  agencies.

For more information about the VHA-IHS partnership and AI/AN Veterans, please contact the VHA Office of Rural Health at <a href="mailto:ORHcomms@va.gov">ORHcomms@va.gov</a> or IHS at <a href="mailto:newsroom@ihs.gov">newsroom@ihs.gov</a>.

# VA STATEMENT ON GPO PRINTING AND MAILING DELAY

Due to supply chain and staffing shortages, the vendor contracted by the Government Publishing Office to provide printing services for the United States Department of Veterans Affairs is experiencing delays in printing and mailing notification letters to veterans and claimants. The disruption may impact the ability of some claimants to meet required deadlines via written correspondence with the VA.

In response to the mailing delays and to protect the best interest of claimants, the Veterans Benefits Administration is extending their response period by 90-calendar days for claimants with letters dated between July 13, 2021 and Dec. 31, 2021.

If a claimant does not reply to a time-limited notification, such as, making an election of benefits or services, or reporting for a scheduled compensation and pension examination., the VBA will not take adverse action to deny, reduce or terminate benefits and services unless: 1) the claimant is contacted and there is documentation of their right to respond; 2) the requested information has been received; or 3) the response period has lapsed.

The VA and GPO are proactively working to quickly address the mailing delays. For questions on this matter, veterans and claimants can contact VA at 800-827-1000.

Veterans who filed an appeal with the Board of Veterans' Appeals can click <a href="https://www.bva.va.gov/docs/Delayed notifications fact sheet.pdf">https://www.bva.va.gov/docs/Delayed notifications fact sheet.pdf</a> for information specific to Board correspondence, scheduled hearings at the Board, and receiving their Board decision.

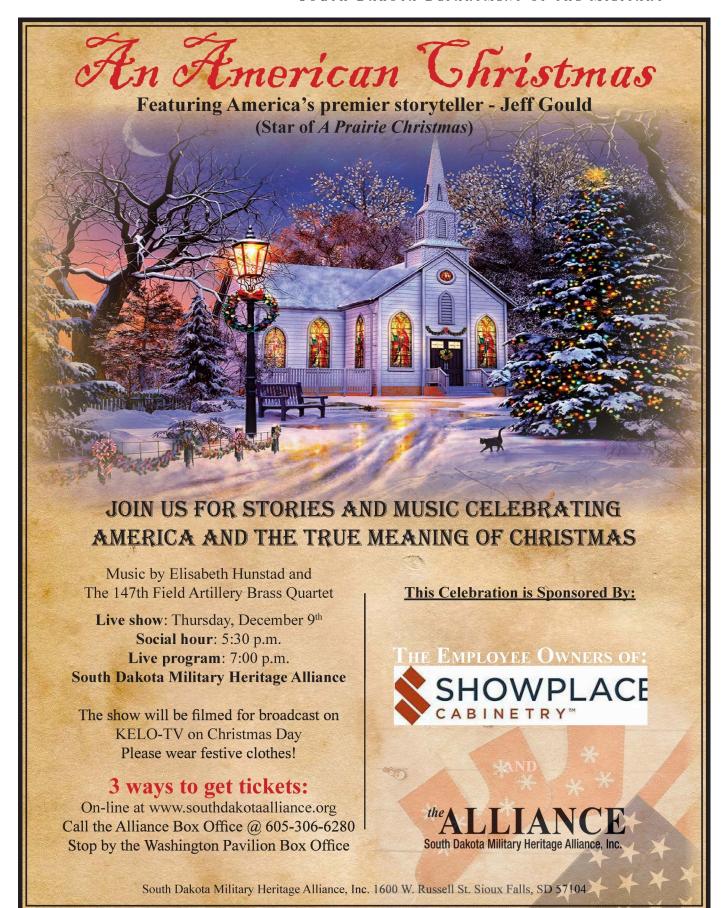
### **PVA HAS NEW FACEBOOK PAGE**

The Paralyzed Veterans of America North Central Chapter has a new Facebook page—check it out! https://www.facebook.com/Paralyzed-Veterans-of-America-North-Central-Chapter-106036008584922



Paralyzed Veterans of America North Central Chapter

Nonprofit organization



### **UPCOMING EVENTS**

Dec 7—Governor's Budget Address

Dec 7—9—SDDVA "New" VSO Training/Orientation—South Dakota Military Heritage Alliance—(1600 W. Russell

Street)—Sioux Falls

Dec 13—SDFDA Wreath Laying Ceremony—Capitol Lake Flaming Fountain—Pierre—11:00 am (CT)

Dec 18—Wreaths Across America—South Dakota Veterans Cemetery—Sioux Falls—11:00 am (CT)

Dec 24—State Offices Closed

Dec 31—State Offices Closed

2022

Jan 10—POW/MIA Chair of Honor Dedication—State Capitol—2:00 pm (CT)

Jan 11—Governor's State of the State Address

Jan 12—SD Veterans Council Meeting—Redrossa Italian Grille—Pierre—3:00 pm (CT)

Jan 12—SD Veterans Council/SDDVA Legislative Reception—Redrossa Italian Grille—Pierre—5:30—7:30 pm (CT)

Jan 19—SDDVA "Virtual" Mini Conference

Jan 30-31—SD VFW Annual Legislative Conference—Moose Lodge (910 N. Deadwood Street)—Fort Pierre

Feb 18-20—American Legion Mid Winter Conference—Oacoma

Feb 27-Mar 3—National VFW Legislative Conference—Washington, DC

Apr 8-10—DAV of South Dakota State Convention—Rushmore Hotel and Suites (445 Mt. Rushmore Road)—Rapid City

Jun 9-12—State VFW Convention—Ramada Inn—Mitchell

Jun 12—Midwest Honor Flight Annual Honor Ride

Jun 16-19—State American Legion Conference—Watertown

Jul 18-23—National Veterans Golden Age Games—Sioux Falls

Jul 31-Aug 4 – Military Order of the Purple Heart National Convention – Rapid City

Aug 15-18—SDDVA Annual CTVSO Benefit School

Audry Ricketts, Public Information Officer

South Dakota Department of the Military <a href="https://military.sd.gov/">https://military.sd.gov/</a>

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